Case: 2:10-cv-00673-GLF-MRA Doc #: 3 Filed: 08/23/10 Page: 2:001 IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF OHIO 2018 AUG 23 P 12: 59 S. DISTELL COURT SOUTHERN DIST ONIC EAST DIV. COLUMBUS VE THE NAME OF THE PLAINTIFF IN THIS ACTION) IF THE PLAINTIFF IS A PRISONER: PRISONER # ULDO (ENTER ABOVE THE NAME OF THE DEFENDANT IN THIS ACTION) MMGE FEOSE IF THERE ARE ADDITIONAL DEFENDANTS PLEASE LIST THEM: MAGISTRATE JUDGE ABEL BROOKS WALTER MILLER TERRESA HOLMAN. COMPLAINT KATIE TOMES, PARTIES TO THE ACTION: Ĭ. PLAINTIFF: PLACE YOUR NAME AND ADDRESS ON THE LINES BELOW. THE ADDRESS YOU GIVE MUST BE THE ADDRESS THAT THE COURT MAY CONTACT YOU AND MAIL DOCUMENTS TO YOU. A TELEPHONE NUMBER IS REQUIRED. TELEPHONE NUMBER

IF THERE ARE ADDITIONAL PLAINTIFFS IN THIS SUIT, A SEPARATE PIECE OF PAPER SHOULD BE ATTACHED IMMEDIATELY BEHIND THIS PAGE WITH THEIR FULL NAMES. ADDRESSES AND TELEPHONE NUMBERS. IF NO ADDITIONAL PLAINTIFFS EXIST CONTINUE WITH THIS FORM.

PAGE 2 AND 3 OF THIS FORM DEAL ONLY WITH A PLAINTIFF THAT IS INCARCERATED AT THE TIME OF FILING THIS COMPLAINT.

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IF YOU ARE A PRISONER FILING A CIVIL SUIT THE FOLLOWING INFORMATION IS REQUIRED:

#### PREVIOUS LAWSUITS:

- A. HAVE YOU BEGUN OTHER LAWSUITS IN STATE OR FEDERAL COURT DEALING WITH THE SAME FACTS INVOLVED IN THIS ACTION OR OTHERWISE RELATING TO YOUR IMPRISONMENT? YES () NO 🔊
- B. IF YOUR ANSWER TO A IS YES, DESCRIBE THE LAWSUIT IN THE SPACE BELOW. (IF THERE IS MORE THAN ONE LAWSUIT, DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THE SAME OUTLINE.)

•	ARTIES TO THIS PREVIOUS LAWSUIT
P	LAINTIFFS:
D	EFENDANTS:
	OURT (IF FEDERAL COURT, NAME THE DISTRICT: IF STATE COURT AME THE COUNTY)
De	OCKET NUMBER
N/	AME OF THE JUDGE TO WHOM THE CASE WAS ASSIGNED
	SPOSITION (FOR EXAMPLE, WAS THE CASE DISMISSED? WAS IT PPEALED? IS IT STILL PENDING?)
Αŀ	PPROXIMATE DATE OF THE FILING OF THE LAWSUIT
	tan ta siyaya si sa ta sa ta yara ista si ka maran maran ka sa ka maran mara ta yaniyayin sa ta mara ta yaniya

Α.	IS THERE A PRISONER GRIEVANCE PROCEDURE IN THIS INSTITUTION? YES ( ) NO (
B.	DID YOU PRESENT THE FACTS RELATING TO YOUR COMPLAINT IN THIS STATE PRISONER GRIEVANCE PROCEDURE? YES NO ( )
C.	IF YOUR ANSWER IS YES:
	1. WHAT STEPS DID YOU TAKE?
	1 FILEO A REQUEST/ ARICUMICE, FORM BIND
	GAVE IT TO THE GUARDS FOR Sherift
	2. WHAT WAS THE RESULT?
	MOST WERE NEUCR AMEWERED
	1416 OF SICH FELDERE FIRE SUBSEITED
5	TO MONTH A MONTH IN A
D.	IF YOUR ANSWER IS NO. EXPLAIN WHY NOT.
	INERE IS NO TRACKING SYSTEM NEWS NOR
	Do Incy Fell Incy MANE TO AMSWER ANY
	ARISTANICE WRITTEN TO THEM
E.	IF THERE IS NO PRISON GRIEVANCE PROCEDURE IN THIS INSTITUTION, DID YOU COMPLAIN TO PRISON AUTHORITIES? YES 7 NO ( )
F.	IF YOUR ANSWER IS YES:
	1. WHAT STEPS DID YOU TAKE?
	1 TOLD The QUARD OF MY COMPLAINTS
	AND FILED GRIEUANCES which were
	NOVE ANSWELED
	2. WHAT WAS THE RESULT?
	NoThing WAS DONE-They SAID They
	were to Busy to Bother

#### DEFENDANTS:

PLACE THE NAME AND ADDRESS OF EACH DEFENDANT YOU LISTED IN THE CAPTION ON THE FIRST PAGE OF THIS COMPLAINT. THIS FORM IS INVALID UNLESS EACH DEFENDANT APPEARS WITH FULL ADDRESS FOR PROPER SERVICE.

1.	Sheriff George Lavender
	NAMES - FULL NAME PLEASE
	28 N. PAINT STREET CHILICOTHE OH 45601
	ADDRESS - STREET, CITY, STATE AND ZIP CODE
2.	MRS. SHANA OTT (RN-NURSE)
	28 N PAINT STREET CHILLICOTTE OH 45601
3.	Dr. Richmo HARRIS (MD-doctor)
	DEN PAINT STREET CHILICATING OH 45601
4.	Col, TJ Hollis (RUNS JAIL)
	28N PAINT STREET Chillicothe OH 45221
5.	ÉECOND FLOOR GUARAS: - CHRIS DAVIS,
The second desired the second	MARTIN BROOKS WALTER MILLER JAMES BRIDEN-
#	baugh Terresa Holman TRACY BeiDely Dyana
	LUNCH KATIETOMAS
State Control of the	28 N PAINT STREET ChillicoThe OH 45601
IF TI	HERE ARE ADDITIONAL DEFENDANTS, PLEASE CONTINUE LISTING THEM.

# Case: 2:10-cv-00673-GLF-MRA Doc #: 3 Filed: 08/23/10 Page: 5 of 15 PAGEID #: 30 STATEMENT OF CLAIM

PLEASE WRITE AS BRIEFLY AS POSSIBLE THE FACTS OF YOUR CASE. DESCRIBE HOW EACH DEFENDANT IS INVOLVED. INCLUDE THE NAME OF ALL PERSONS INVOLVED. GIVE DATES AND PLACES.

DO NOT GIVE ANY LEGAL ARGUMENTS OR CITE ANY CASES OR STATUTES.

This is A Title 42 section 1983 Civil Rights Complaint. The
PLANNTIFF, DAULOCARR, IS A DETAINED AT THE ROSS COUNTY JAIL.
AND THIS SUFFERED THE ENCLOSED LIDEATIONS OF MINIMUM TRIL
STANDARDS (HIPPA), RESPONDENT SHERIFF GEORGE LAURINBER
JR. IS RESPONSIBLE FOR THE JAILAND CONDITIONS, RESPONDENT
CH. T. J. HOLLS IS THE OFFICER NICHARYE OF THE JALL WHO ACTUALLY
RUNS The JAIL FOR THE SHEAFF. RESPONDENT Dr. RICHARD HARRIS
15 The head OF MEDICAL SERVICES AND ALLETGED TO EDE
INMATE PATIENTS, PRESCRIBE MEDICATION AND ALL TERATMENT OF
PRISONERS, RESPONDANT SLAWNA OTTAS ON RIV IN Charage OF
ALL NURSES, MEDICATION, AND THE ONLY RN AVAILABLE AT THE YOLL.
RESPONDANTS; CHRIS DAWS LPN, MARTIN BROOKS, WHITER MILLER,
JAMES BRIDENBAUGH, TERRESA HILLARMS, TRACY BEVERLY, DIAWA LYNCH,
KATILTOMAS, ARE THE SECOND PLACE GUARDS WHO DISPONSE
MEDICATIONS AND FOLLOW ORDERS FROM THEIR SUPERIORS WHICH
UIOLATE PETITIONERS CIVIC AND CONSTITUTIONAL RIGHTS
These CONDITIONS IN THE ROSS COUNTY JAIL ARE KNOWINGLY
IN UID LATION OF HIPPA (HIPPA), OHIO MINIMUM JAIL STANDARDAS
FOR TAILS, FEDERAL MINIMUM STANDARD FOR JAILS, OHO
MEDICAL LAWS AND THE CONSTITUTIONS OF OHIO AND THE
UNITED STATES FOR DENIAL OF ACCESS TO THE COURTS AND
CRUELAND UNUSAL PUNISH MENT,

## Case: 2:10-cv-00673-GLF-MRA Doc #: 3 Filed: 08/23/10 Page: 6 of 15 PAGEID #: 31 STATEMENT OF CLAIM

PLEASE WRITE AS BRIEFLY AS POSSIBLE THE FACTS OF YOUR CASE. DESCRIBE HOW EACH DEFENDANT IS INVOLVED. INCLUDE THE NAME OF ALL PERSONS INVOLVED. GIVE DATES AND PLACES.

DO NOT GIVE ANY LEGAL ARGUMENTS OR CITE ANY CASES OR STATUTES.

IF YOU HAVE A NUMBER OF DIFFERENT CLAIMS; PLEASE NUMBER AND SET FORTH EACH CLAIM IN A SEPARATE PARAGRAPH. USE AS MUCH SPACE AS YOU NEED, YOU ARE NOT LIMITED TO THE PAPERS WE GIVE YOU. ATTACH EXTRA SHEETS THAT DEAL WITH YOUR STATEMENT CLAIM IMMEDIATELY BEHIND THIS PIECE OF PAPER.

WAMEN PRISONER ON ! YNE PLAL TREATMENT

# Case: 2:10-cv-00673-GLF-MRA Doc #: 3 Filed: 08/23/10 Page: 7 of 15 PAGEID #: 32 STATEMENT OF CLAIM

PLEASE WRITE AS BRIEFLY AS POSSIBLE THE FACTS OF YOUR CASE. DESCRIBE HOW EACH DEFENDANT IS INVOLVED. INCLUDE THE NAME OF ALL PERSONS INVOLVED. GIVE DATES AND PLACES.

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RIS CHIMARA IS CONFRIGUED TO STA DEVERAL TIMES PETITIONER MAD LOW BLOOD

# Case: 2:10-cv-00673-GLF-MRA Doc #: 3 Filed: 08/23/10 Page: 8 of 15 PAGEID #: 33 STATEMENT OF CLAIM

PLEASE WRITE AS BRIEFLY AS POSSIBLE THE FACTS OF YOUR CASE. DESCRIBE HOW EACH DEFENDANT IS INVOLVED. INCLUDE THE NAME OF ALL PERSONS INVOLVED. GIVE DATES AND PLACES.

DO NOT GIVE ANY LEGAL ARGUMENTS OR CITE ANY CASES OR STATUTES.

# Case: 2:10-cv-00673-GLF-MRA Doc #: 3 Filed: 08/23/10 Page: 9 of 15 PAGEID #: 34 STATEMENT OF CLAIM

PLEASE WRITE AS BRIEFLY AS POSSIBLE THE FACTS OF YOUR CASE. DESCRIBE HOW EACH DEFENDANT IS INVOLVED. INCLUDE THE NAME OF ALL PERSONS INVOLVED. GIVE DATES AND PLACES.

DO NOT GIVE ANY LEGAL ARGUMENTS OR CITE ANY CASES OR STATUTES.

## Case: 2:10-cv-00673-GLF-MRA Doc #: 3 Filed: 08/23/10 Page: 10 of 15 PAGEID #: 35 STATEMENT OF CLAIM

PLEASE WRITE AS BRIEFLY AS POSSIBLE THE FACTS OF YOUR CASE. DESCRIBE HOW EACH DEFENDANT IS INVOLVED. INCLUDE THE NAME OF ALL PERSONS INVOLVED. GIVE DATES AND PLACES.

DO NOT GIVE ANY LEGAL ARGUMENTS OR CITE ANY CASES OR STATUTES.

## Case: 2:10-cv-00673-GLF-MRA Doc #: 3 Filed: 08/23/10 Page: 11 of 15 PAGEID #: 36 STATEMENT OF CLAIM

PLEASE WRITE AS BRIEFLY AS POSSIBLE THE FACTS OF YOUR CASE. DESCRIBE HOW EACH DEFENDANT IS INVOLVED. INCLUDE THE NAME OF ALL PERSONS INVOLVED. GIVE DATES AND PLACES.

DO NOT GIVE ANY LEGAL ARGUMENTS OR CITE ANY CASES OR STATUTES.

### Case: 2:10-cv-00673-GLF-MRA Doc #: 3 Filed: 08/23/10 Page: 12 of 15 PAGEID #: 37 STATEMENT OF CLAIM

PLEASE WRITE AS BRIEFLY AS POSSIBLE THE FACTS OF YOUR CASE. DESCRIBE HOW EACH DEFENDANT IS INVOLVED. INCLUDE THE NAME OF ALL PERSONS INVOLVED. GIVE DATES AND PLACES.

DO NOT GIVE ANY LEGAL ARGUMENTS OR CITE ANY CASES OR STATUTES.

PLEASE WRITE AS BRIEFLY AS POSSIBLE THE FACTS OF YOUR CASE. DESCRIBE HOW EACH DEFENDANT IS INVOLVED. INCLUDE THE NAME OF ALL PERSONS INVOLVED. GIVE DATES AND PLACES.

DO NOT GIVE ANY LEGAL ARGUMENTS OR CITE ANY CASES OR STATUTES.

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PLEASE WRITE AS BRIEFLY AS POSSIBLE THE FACTS OF YOUR CASE. DESCRIBE HOW EACH DEFENDANT IS INVOLVED. INCLUDE THE NAME OF ALL PERSONS INVOLVED. GIVE DATES AND PLACES.

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INON TO WIPE EVERUTHING DOWN. A

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IN THIS SECTION PLEASE STATE (WRITE) BRIEFLY EXACTLY WHAT YOU WANT THE COURT TO DO FOR YOU. MAKE NO LEGAL ARGUMENT, CITE NO CASES OR STATUTES.

GET SLIPPERY AND ARE AW ACIDENT WAITING TO hAPPEN
MAKING THE JAIL CONDITIONS LINSAFE, TWICE PETITIONER
Fell on his BACK AFTER GETTING OUT OF THE ShowER
STRAINING his ALREADY SAMAGED (L5) BACK, OHO
LAW DANS PRINTING FLOORS IN GOVERNMENT
BUILDING GORTHS REAGON
Commence of the second
PETTIONER MOVES THIS COURT TO DEMAND THAT
EUCRY ISSUE BE CORRECTED AND The POTITIONER
BE AWENT DODDED TOTAL FROM ALL RESPONDENTS
FOR being Allowed to SUFFER These CONDITIONS
which were both detrimental to his life health
AND WELL BEING AS WELL AS BEING CRUELAND
YNUSAL PUNISHMENT, PETITIONER MOVES This
COLLET FOR ALL COSTS TO BE PAID FOR THIS ACTION,
10; FILING Fees, Pastage Service Fees, WITHERS Fees,
270

SIGNED THIS 17 DAY OF 14 20 10.

SIGNATURE OF PLAINTIFF